

# Mosquito Trapping

## Submit To

Please submit completed form with specimen to:

Jo Marie Brauner  
Washington State Department of Health  
Office of Environmental Health & Safety  
PO Box 47825  
Olympia, WA 98504-7825  
(360) 236-3064 fax (360) 236-2261  
[jomarie.brauner@doh.wa.gov](mailto:jomarie.brauner@doh.wa.gov)

## Trap Effort

### Trap Location

Location Name \_\_\_\_\_

Physical Address \_\_\_\_\_

Address 2 \_\_\_\_\_

City/State \_\_\_\_\_

County \_\_\_\_\_

Zip Code \_\_\_\_\_

### GPS Coordinate

Latitude \_\_\_\_\_

Longitude \_\_\_\_\_

(Please report your GPS coordinate in decimal degrees with a minimum of six decimal places.)

### Collecting Agency

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Contact  
Person \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

### Trapper Name

Name \_\_\_\_\_

Local ID \_\_\_\_\_

## Location Description/ Comments

Collection Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Length of Trapping Time \_\_\_\_\_

Trap Type

☐ EVS ☐ CO2 Gas/Tank ☐ Dip  
☐ Gravid ☐ Light ☐ Other \_\_\_\_\_

Number of traps for this type \_\_\_\_\_

## Pool Information – 1

**Pool ID** \_\_\_\_\_  
(Trap ID/Collection Date YYYY/MM/DD – Pool Number)

**Identification Type**   ☐ Adult   ☐ Larval

**Mosquito Type**

|  |   |
|--|---|
| <input type="checkbox"/> <i>Aedes vexans</i>           | <input type="checkbox"/> <i>Culex tarsalis</i>            |
| <input type="checkbox"/> <i>Anopheles freeborni</i>    | <input type="checkbox"/> <i>Culiseta incidens</i>         |
| <input type="checkbox"/> <i>Anopheles punctipennis</i> | <input type="checkbox"/> <i>Culiseta inornata</i>         |
| <input type="checkbox"/> <i>Culex pipiens</i>          | <input type="checkbox"/> <i>Culiseta morsitans</i>        |
|  | <input type="checkbox"/> <i>Coquillettidia perturbans</i> |

Each species identified during this trapping event represents a pool. Please indicate the species, the total number collected, and the number of females collected for each pool. Write species name in "Other" if not represented in the list below.

|   |                                |
|---|--------------------------------|
| <input type="checkbox"/> <i>Ochlerotatus aboriginis</i> | <b>Number in Pool</b> _____    |
| <input type="checkbox"/> <i>Ochlerotatus dorsalis</i>   |                                |
| <input type="checkbox"/> <i>Ochlerotatus increpitus</i> | <b>Number of Females</b> _____ |
| <input type="checkbox"/> <i>Ochlerotatus fitchii</i>    |                                |
| Other _____   |                                |

## Pool Information – 2

**Pool ID** \_\_\_\_\_  
(Trap ID/Collection Date YYYY/MM/DD – Pool Number)

**Identification Type**   ☐ Adult   ☐ Larval

**Mosquito Type**

|  |   |
|--|---|
| <input type="checkbox"/> <i>Aedes vexans</i>           | <input type="checkbox"/> <i>Culex tarsalis</i>            |
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| <input type="checkbox"/> <i>Anopheles punctipennis</i> | <input type="checkbox"/> <i>Culiseta inornata</i>         |
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| <input type="checkbox"/> <i>Ochlerotatus fitchii</i>    |                                |
| Other _____   |                                |

## Pool Information – 3

**Pool ID** \_\_\_\_\_  
(Trap ID/Collection Date YYYY/MM/DD – Pool Number)

**Identification Type**   ☐ Adult   ☐ Larval

**Mosquito Type**

|  |   |
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| <input type="checkbox"/> <i>Ochlerotatus fitchii</i>    |                                |
| Other _____   |                                |

## Pool Information – 4

**Pool ID** \_\_\_\_\_  
(Trap ID/Collection Date YYYY/MM/DD – Pool Number)

**Identification Type**   ☐ Adult   ☐ Larval

**Mosquito Type**

|  |   |
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| Other _____   |                                |

## Pool Information – 5

**Pool ID** \_\_\_\_\_  
(Trap ID/Collection Date YYYY/MM/DD – Pool Number)

**Identification Type**   ☐ Adult   ☐ Larval

**Mosquito Type**

|  |   |
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| <input type="checkbox"/> <i>Ochlerotatus fitchii</i>    |                                |
| Other   |                                |

## Pool Information – 7

**Pool ID** \_\_\_\_\_  
(Trap ID/Collection Date YYYY/MM/DD – Pool Number)

**Identification Type**   ☐ Adult   ☐ Larval

**Mosquito Type**

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| <input type="checkbox"/> <i>Ochlerotatus fitchii</i>    |                                |
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**Mosquito Type**

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| <input type="checkbox"/> <i>Ochlerotatus fitchii</i>    |                                |
| Other   |                                |

## Pool Information – 10

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(Trap ID/Collection Date YYYY/MM/DD – Pool Number)

**Identification Type**   ☐ Adult   ☐ Larval

**Mosquito Type**

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| <input type="checkbox"/> <i>Anopheles freeborni</i>    | <input type="checkbox"/> <i>Culiseta incidens</i>         |
| <input type="checkbox"/> <i>Anopheles punctipennis</i> | <input type="checkbox"/> <i>Culiseta inornata</i>         |
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| Other   |                                |

